



Mentoring Program
Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Work number: _____ Cell: _____

E-mail address: _____ Race: _____ M/F: _____

Date of Birth: _____ SS#: _____

Employer: _____ Job title: _____

Can you be contacted at work? Yes ___ No ___ Business hours: _____

Length of employment: _____

Education completed: High School College Other (explain) _____
(If you are currently a student, list the school where you are enrolled and the area of study)

What motivated you to participate in the Mentor Richland County mentoring program?

Have you ever been convicted of a crime? Yes ___ No ___ If so, please explain _____

Do you object to Mentor Richland County mentoring program running a background check through the local police and the Department of Child and Family Services? Yes ___ No ___

What do you like to do during your leisure time? _____

To what service or social or civic groups do you belong? _____

Drivers License # _____ State: _____ Exp. Date: _____

Has your license ever been revoked or suspended? Yes ___ No ___ If yes, date: _____
Explain: _____

List traffic citations in the past three years: _____

Do you own or have regular use of an automobile? Yes ___ No ___

Can you meet with a child once a week during the school year? Yes ___ No ___

How did you hear about MRC? _____

Marital Status: married ___ single ___ divorced ___

Please list two references, either a **Spouse/spousal equivalent or family member and an employer** who have known you for more than one year and who would be able to evaluate your qualifications as a volunteer. Print complete names, addresses, telephone numbers, and relationship to you. **Do not include more than one family member.**

1) _____
Name Mailing address/zip code

Phone number Relationship to you

2) _____
Name Mailing address/zip code

Phone number Relationship to you

RESIDENTIAL HISTORY:

Please list the last city and state of residence where you have lived in the last five (5) years:

CITY, STATE Approx. Dates (MO/YR – MO/YR)

***Child-Serving Volunteer Organization/Activity/Coaching References:**

Please list contact information for any recent (last five years) child-serving organizations you have volunteered for. This includes coaching and camp counseling. You may use a separate page to list more than one if necessary.

Name of Organization/League: _____

Name of contact person: _____

Phone for contact person: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Mentor Agreement

As a volunteer for the School-Based Mentoring Program, I agree to the following:

- To attend a training session before beginning.
- To be on time for scheduled meetings.
- To notify the school office if I am unable to keep my weekly meeting.
- To engage in the relationship with an open mind.
- To accept assistance from my mentee's teacher.
- To keep discussions with my mentee confidential.
- To ask for assistance when I need help with my mentee (child).
- To notify the agency of changes in my employment, address, and phone number.

Signature

Date